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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 4 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32867

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4000

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 3820 MAIN STREET
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 YEARS (Specify whether years, months or days)

3. (a) PRINT FULL NAME DR. ELI HAMLIN DUNN

3. (b) If veteran, name war No 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MR. FLORENCE H. DUNN 6. (c) Age of husband or wife if alive 85 years
7. Birth date of deceased SEPTEMBER 30 1858 (Month) (Day) (Year)

8. AGE: Years 90 Months 0 Days 0 If less than one day hr. min.

9. Birthplace MILLERSBURG ILLINOIS (City, town, or county) (State or foreign country)

10. Usual occupation RETIRED 5 YEARS

11. Industry or business PHYSICIAN - M.D.

12. Name HENRY DUNN

13. Birthplace KEITHSBURG ILLINOIS (City, town, or county) (State or foreign country)

14. Maiden name AMERICA WATERS

15. Birthplace RIPLEY OHIO (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frank Douglas

(b) Address 5600 Michigan

17. (c) BURIAL (b) Date thereof OCT-2-1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT MORIAH CEMETERY

18. (a) Signature of funeral director J. H. McCOMBS, JR.

(b) Address 1401 BRUSH CREEK BLVD

19. (a) 10-2-48 (b) Geraldine Holmes (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 3820 MAIN STREET
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPTEMBER day 30TH year 1948 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from 1946 to Sept. 30, 1948.
that I last saw him alive on Sept. 28, 1948.
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Due to Atherosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature E. W. Slusher E. W. Slusher (M. D. or other)

Address 900 Rialto Bldg KCMO Date signed 9-30-48

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700 4-11-10 10-3

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Bernard L. Horan

Licensed Embalmer No. 4250

P. O. Address A.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.